

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021581

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 319

Primary Registration District No.

Registrar's No. 29

FILED MAY 21 1962

1. PLACE OF DEATH

a. COUNTY

Missouri - STE Genevieve Co.

b. CITY (If outside corporate limits, give TOWNSHIP only)

Mississippi River

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Mississippi River

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

ST LOUIS

Inside Limits
Yes ☒ No ☐c. CITY
OR
TOWN

AFFTON

d. STREET
ADDRESS(If outside, give location)
6751 BONNIEReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

MELVIN

Charles

Schirmer

4. DATE
OF
DEATH

Month

Day

Year

Feb

28

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/19/17

9. AGE (last birthday)

45

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BAKER

10b. KIND OF BUSINESS OR INDUSTRY

BAKERY

11. BIRTHPLACE (City and state or country)

Melhuille, Mo

12. CITIZEN OF WHAT COUNTRY

USA.

13a. FATHER'S NAME

William Schirmer

13b. MOTHER'S MAIDEN NAME

MARTHA Guehring

14. NAME OF HUSBAND OR WIFE

Lillian Meyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW # 2

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Lillian Schirmer - AFFTON Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

DROWNING IN The Mississippi River

INTERVAL BETWEEN ONSET AND DEATH

?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☒

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Jumping off JEFFERSON BKS. Bridge.

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

3

2-28-62

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

JEFFERSON BKS BRIDGE

20f. CITY, TOWN, OR LOCATION

JEFFERSON BKS BRIDGE

COUNTY

MONROE Co. Ill.

STATE

21. I attended the deceased from _____, to _____ and last saw her alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Lee C. Basler

(Degree or title)

Coroner

22b. ADDRESS

STE. Genevieve Mo.

22c. DATE SIGNED

5/17/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

MAY 10, 1962

23c. NAME OF CEMETERY OR CREMATORY

CREST LAWN

23d. LOCATION (City, town, or county)

STE. Genevieve Mo.

(State)

24. FUNERAL DIRECTOR

Basler Funeral Home

ADDRESS

STE. Genevieve, Mo.

25. DATE RECD. BY LOCAL REG.

18 May 1962

26. REGISTRAR'S SIGNATURE

George F. Wood

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE

VS 300

Rev. 4/59

6950

3400

3

4 0

5 1

6

7 6

8 2

9 775X

10

11

12 7-3

13 1-1

AUG 17 1962

JUN 18 1962

JUL 20 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{NOT} embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edwin J. Ehler
Licensed Embalmer No. 4740

P. O. Address Sta. Denerville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.